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STATE FOR USAID GLOBAL HEALTH
STATE FOR USAID/LAC
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SUBJECT: JAMAICA REQUESTS INCREASE IN HIV AIDS FUNDS

SUMMARY

1. (SBU) The U.S. Mission is requesting to increase HIV/AIDS funding for Jamaica from USD 1.25 million to USD 2.5 million beginning in FY 2008. An estimated 2/3 of Jamaicans infected with HIV do not know their status. The highest rate of growth in transmission is among youth aged 10-19.

Background

2. (SBU) With prevalence at an estimated 1.5 percent, the HIV/AIDS epidemic in Jamaica has features of both a low-level generalized epidemic and a concentrated epidemic. For example, Jamaica has an HIV prevalence rate of 1.3 percent in public sector antenatal clinic attendees but 9 percent among commercial sex workers (prostitutes) and an estimated 25-30 percent among men who have sex with men. According to sentinel surveillance, there has been no significant change in HIV prevalence among the general population over the last decade. This is quite remarkable in a country that has all of the main risk factors for an explosive epidemic including:

- Sexual debut at an early age (often forced);
- Multiple concurrent sex partners for both men and women;
- High rates of commercial, transactional and cross-generational sex;
- Extreme stigmatization of homosexuality making men who have sex with men very hard to reach.

3. (SBU) Counterbalancing these factors is a relatively high rate of condom use at last sexual encounter (53 percent among women; 67 percent among men). Yet, there has been little change in reported safer sexual behaviors in the past ten years. In sum, the HIV situation in Jamaica reflects either a major success story, particularly as it relates to condom ("C") use, or a serious problem with the statistics.

4. (SBU) A recent USAID assessment team that visited Jamaica in March to conduct a situational analysis and make future recommendations for USG programming, concluded that it is probably a bit of both. E.g. condom use is indeed high; however, little progress has been made on abstinence ("A") among youth or being faithful ("B") to one partner. The high risk behaviors cited above are widespread. The team also suspects that there are gaps in the sentinel surveillance system that lead to underreporting of the true magnitude of the epidemic.

5. (SBU) The USAID HIV/AIDS assessment recommends, and the Mission concurs, that USAID should focus its resources on providing technical assistance to:
a. support the civil society response to the HIV/AIDS epidemic, including outreach and behavior change related to "A" and "B";

b. support a coordinated private sector response to HIV/AIDS to eliminate stigma and discrimination; and
c. work with other donors to consolidate the Ministry of Health's monitoring and evaluation system and improve data for decision making.

¶6. (U) The 6th Annual Chiefs of Mission (COM) Conference on HIV/AIDS was held in Kingston in October 2007. This conference--organized by U.S. Embassy Kingston, USAID, and the Centers for Disease Control's Caribbean Regional Program--addressed the role of regional cooperation in fighting HIV/AIDS in the Caribbean. U.S. Ambassadors and Chiefs of Missions from The Bahamas, Barbados, Belize, Haiti, Trinidad and Tobago, Guyana, Jamaica, Cuba, Suriname, and the Dominican Republic participated, along with experts and activists from across the Caribbean region. The conference provided American Chiefs of Mission in the Caribbean with an overview of successes and lessons learned in supporting HIV/AIDS efforts in the region, while allowing conference participants to share perspectives on how Ambassadors could best use their leadership roles to advocate a continued focus on the disease.

¶7. (U) In early April 2008, the U.S. Congress voted to expand the President's Emergency Plan for AIDS Relief (PEPFAR) by authorizing USD 50 billion (USD 20 billion more than the White House requested). PEPFAR has provided USD 15 billion during its first five years, and this bill will triple the funding for PEPFAR programs. This could be called the largest foreign aid initiative meant to combat a single disease in U.S. history. The new bill includes 14 Caribbean countries, which will benefit from PEPFAR along with 15 African countries.

Government of Jamaica Commitment

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¶8. (SBU) The National HIV/STI control Program has drafted a National Strategic Plan for 2007-2012. The plan has been budgeted at USD 201 million by the World Bank, but is only 40 percent funded by the Global Fund, the World Bank, and the GOJ itself. Sufficient funding to close this gap is not likely to be forthcoming, making prioritization of strategic interventions essential.

¶9. (SBU) The new Prime Minister, Bruce Golding, has been vocal in his support of HIV/AIDS prevention efforts, including the National Program and the work of the Jamaica Business Council on HIV/AIDS and has made public statements regarding previously taboo subjects, such as multiple concurrent partners. At the COM Conference on HIV/AIDS, Prime Minister Golding delivered the opening remarks and stated that only with strong support from parents and schools, and cooperation from the community, would the topic of HIV/AIDS education and the issue of new HIV/AIDS infections be successfully addressed.

¶10. (SBU) Jamaica has just been awarded a Round 7 Global Fund against TB and Malaria grant of USD 15 million with a lifetime budget of USD 44 million, with disbursements contingent upon continued good performance in prevention, treatment, care and support, and enabling environment and human rights. The World Bank is also preparing another USD 10 million loan; however, it is important to note that due to problems of absorptive capacity, only 2/3 of the current USD 15 million loan has been drawn down.

USAID Funded Programs

¶11. (SBU) USAID support, currently capped at USD 1.25 million, has been devoted to prevention programs directed at vulnerable populations using peer educators, adolescents through community networks, providing technical assistance to strengthen the National HIV/STI Control programs monitoring and evaluation system, special studies (youth resiliency, behaviors among men who have sex with men and commercial sex workers) as well as support for the Jamaica Business Council on HIV/AIDS. Except for this support, USAID funding has been given directly to the GOJ national program in the form of a grant. Performance has been acceptable, if lackluster, and Mission Management believes that the modest USG contribution is

being dispersed too widely-in essence lost among larger pots of donor funding also directly transferred to the GOJ.

Proposal For Additional Funds

¶12. (SBU) The U.S. Mission/Jamaica requests a total FY 2008 allocation of USD 2.5 million. The Mission would then negotiate a new public/private sector compact with the GOJ national program to begin implementation in 2008. USAID/Jamaica is seeking additional funding from PEPFAR, with proposed goals:

- a. strengthen the capacity of the Country Coordinating Mechanism to help the GOJ to better manage other donor funds;
- b. work with the private sector and civil society to reduce stigma and discrimination; and
- c. expand technical assistance from another USG partner (such as CDC or the University of North Carolina) to strengthen the sentinel surveillance system and conduct key population-based studies.

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